

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Minutes
Pending Work Group Approval

Date of meeting: March 16, 2015

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Roll call was taken and a quorum was present.	
2. Updates	<p>Data Collection Update: CHAC and Healthfirst confirmed that they have completed clinical data collection for Medicare. Medicaid clinical data collection is well underway. Commercial clinical data collection is delayed, primarily due to delays in receiving data from BCBSVT to create samples for chart reviews. The only measure for which there are not commercial samples at this point is childhood immunization. The ACOs have demonstrated patience and flexibility during this first year of data collection; BCBSVT and the analytics vendor (Lewin) are working hard to complete the work.</p> <p>Some measures that rely on claims data require a 12-month look back period. Because many people didn't sign up for insurance on Vermont Health Connect until spring of 2014, there are low commercial numbers for some of these measures.</p> <p>For the patient experience survey, Jenney Samuelson and Pat Jones have been working with the survey vendor (DataStat) to field the CAHPS PCMH survey to approximately 90 primary care practices that have agreed to use the survey. The survey can be used for NCQA recognition for practices participating in the Blueprint, as well as for ACO measurement.</p>	
3. Minutes Approval	Catherine Fulton called for a motion to approve the February 23 rd minutes; Rick Dooley moved to approve the minutes and Paul Harrington seconded the motion. A roll call vote was taken and the minutes were approved.	
4. GMCB Discussion	Pat Jones provided an update on the GMCB's discussion of a potential hiatus in new/promoted measures for Year 3. The GMCB is planning to vote on the hiatus at its meeting on Thursday.	

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	<p>Cathy Fulton reviewed the proposal that the GMCB is considering:</p> <p>“1. To allow ACOs to focus on enhancing data collection capability and improving quality of care and health outcomes, there will be a hiatus on changes to the measure set for Year 3, unless there are changes in measure specifications or in the evidence that serves as the basis for a particular measure.</p> <p>2. If a measure specification changes, the change would be incorporated into the measure set specifications, in accordance with “Vermont Commercial ACO Pilot Compilation of Pilot Standards: Section X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program.”</p> <p>3. If a measure is no longer supported by evidence, the measure should be considered for elimination. If a measure is eliminated, the VHCIP Quality and Performance Measures work group could recommend replacing it with a measure that is supported by evidence, in accordance with “Vermont Commercial ACO Pilot Compilation of Pilot Standards: Section X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program.”</p> <p>Representatives from Healthfirst, VMS and OneCare all indicated that they support the hiatus. ACO representatives agreed that while the collection and reporting process for the quality measures is onerous, they consider them important and are committed to reporting them as required.</p> <p>HCA noted that the measures have a function other than to identify areas for quality improvement; they also serve as a check to ensure that medically necessary treatment is still being provided when there is a focus on cost containment and a move away from fee for service payment. It was noted that the work group has worked hard to select measures that cover a wide variety of domains (e.g., chronic care, preventive care, acute care, various age groups).</p>	
5. Work Plan	<p>The group reviewed the high level points in the work plan, included in the materials as Attachment 3. The work plan development process included creating a standardized format for all work groups so that it was easy to look at the plans across groups. The content was also revised so that all work plans include the same level of detail and bridge activities between work groups that might be shared, or of interest to other work groups. A high-level timeline for the entire project is also going to be provided in a chronological format. The QPM work plan has specific overlap with the DLTSS and Population Health work plans; DLTSS is considering a sub-analysis of the measure results to show how certain sub-populations are performing on some of the measures.</p>	
6.Changes in measures	<p>Michael Bailit reviewed national changes in measures that are in Vermont’s ACO shared savings program (SSP) measure set, as outlined in Attachment 4:</p> <p>HEDIS changes of note: NCQA has retired the cholesterol (LDL) screening measure that is currently a payment measure for the Vermont SSPs (Core 3a). The guideline has changed, and clinicians have changed treatment as a result. Replacement measures related to statin use for certain patients are being considered but have not yet been adopted. If they are adopted, it will take an additional couple of years to develop benchmarks.</p>	<p>Discuss measure changes and potential alternatives in more depth at next meeting (in particular,</p>

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	<p>NCQA is also proposing retirement of the appropriate medication for people with asthma measure and replacing it with the medication management for people with asthma measure (the latter was adopted in 2012). Appropriate medication for asthma is currently a monitoring and evaluation measure in the ACO SSP measure sets, and is collected at the health plan level rather than the ACO level. The medication management measure could be considered as a replacement measure.</p> <p>NCQA is considering several new measures for 2016; one of them is related to mental health. If these were adopted, benchmark data would not be available for quite some time.</p> <p>Other measure changes of note: CMS is dropping the optimal diabetes care measure from the Medicare Shared Savings Program (MSSP) measure set. This is a reporting measure for the Vermont programs. Michael Bailit indicated that the cholesterol screening component that has experienced guideline changes (as noted above) is most likely the reason for this change. The measure steward (Minnesota Community Health) has already replaced the cholesterol screening component with a statin component, and is still using the measure. He said it is considered a good measure, and would not be surprised if CMS reinstates it if statin measures receive national endorsement.</p> <p>The most important changes for Vermont's ACO SSPs are the cholesterol screening and optimal diabetes care measure changes. The work group discussed the possibility of alternative measures, and expressed interest in digging deeper on these changes at the next meeting agenda. Hypertension measures in particular were discussed as an alternative to cholesterol screening. The group also expressed interest in a deeper dive on the optimal diabetes care measure and the ED utilization for ambulatory care sensitive conditions measure (AHRQ is apparently retiring the ED measure, which is a Monitoring and Evaluation measure for Vermont's ACO SSPs).</p>	<p>cholesterol screening, optimal diabetes care, hypertension, and ED use for ambulatory care sensitive conditions).</p>
<p>7. Review of reporting templates for Year 1 measures</p>	<p>Draft templates for reporting Year 1 claims-based measure results were included as Attachments 5a and 5b.</p> <p>The first template would be used to show payment and reporting claims-based measure results. It shows how each ACO performs on the measure and also shows the national benchmarks at 25th, 50th and 75th percentiles, along with the 2012 (and potentially 2013) Vermont statewide results when available. Numerical results and color coding to reflect performance against benchmark will be shown in each cell, and a second tab will show the numerators and denominators underlying the calculations. Measures with denominators less than 30 will not be reported. Rick Dooley asked if denominators and numerators could be shown on the first tab (perhaps in parentheses).</p> <p>A work group member asked if we would be able to link these measures with overall health outcomes for Vermonters, to see if health is actually improving. Heidi Klein reported that the population health group has asked for technical assistance along those lines, to help link the measures in the ACO SSP measure set to</p>	<p>Revise templates to show numerators and denominators on summary tab.</p> <p>Work group members can provide any additional feedback on the templates to Pat Jones or Alicia Cooper</p>

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	<p>population health indicators.</p> <p>Shawn Skaflestad asked why the 2012 VT Medicaid performance is a benchmark used in the template. Alicia responded that these benchmarks are needed for the Core 1 and Core 8 measures, where there is not a national Medicaid benchmark. Historical VT Medicaid performance will be used as the benchmark instead.</p> <p>The draft template for claims-based ACO-level monitoring and evaluation measures was reviewed. Mike Nix asked about who is included in the ED measures. He noted that the UVM Medical Center is finding value in looking carefully at the population using ED services as well as the population as a whole, in order to analyze what factors result in people visiting the ED.</p> <p>Pat Jones observed out that the three pilot sites participating in the Integrated Communities Care Management Learning Collaborative (Burlington, Rutland and St. Johnsbury) are analyzing ED data to identify people who might benefit from well-coordinated care management. The Blueprint-ACO Unified Community Collaboratives are also reviewing this type of data as well, and working on determining factors that influence ED use and other measures.</p>	
8. Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: NOTE DATE CHANGE April 13, 2015 - 9:00 to 11:00	